

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00111278	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wggi-fm		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 305 Hwy 35		Amount 1500.00	
City State Zip Code Pittston PA 18640		<b>Transaction ID:</b> E835B44F712EE4180941	
Purpose of Expenditure H8PA10055 Ad		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DONALD L. SHERWOOD		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4803.36		2006	
Full Name (Last, First, Middle, Initial) of Payee Kzim-am/fm		Date M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 324 Broadway		Amount 720.00	
City State Zip Code Cape Girardeau MO 63701		<b>Transaction ID:</b> EE583F3EC8B3946B18DB	
Purpose of Expenditure S2MO00353 Ad		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES MATTHES TALENT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 82668.29		2006	
(a) SUBTOTAL of Itemized Independent Expenditures .....		2220.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9	